



Office of Student Disability & Accessibility Services

Regis College Office of Student Affairs

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APPLICATION FOR SERVICES

Please Print Legibly In Ink or Attach a Typed Version

STUDENT INFORMATION

Name:		Date of Birth	
Gender:		Email:	
Home Phone #:		Cell Phone #:	
Mailing Address:			
	Street	City	State
			Zip

STUDENT STATUS

I am applying to Regis College Semester/Year: _____

I am a current Regis College Student Class Year _____
Year of Graduation _____

Yes No Are you a client of MRC, MCDHH, MCB, DMH or any other state affiliate agency?

Yes No Are you a client of Veteran's Affairs Rehabilitation?

Please describe your disability in your own words with notation of any functional issues you feel does impact your academic life. *Please use the back of this form and/or attach additional pages as needed.*

If you require any accommodations on campus, then you may be asked to provide the following:

1. Application for Services
2. Intake Form
3. A verification of disability form (completed by a professional)
4. The necessary documentation, which may include specific verification forms.

This documentation will be used to determine eligibility under the **Americans With Disabilities Act (ADA)**.

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